



ATTACHMENT

TRADING PARTNER NAME: _____

TIN/EIN: _____

NATURE OF ACTION ON THIS ATTACHMENT:

_____ NEW TRADING PARTNER

_____ CHANGES AS NOTED COBA ID _____

_____ CANCELLATION COBA ID _____

SIGNATURE OF TRADING PARTNER

NAME (PRINT)

TITLE (PRINT)

DATE (PRINT)

NOTE:

The Trading Partner must complete a separate Attachment packet (which contains five sections) if: 1) it submits separate eligibility files, as in the case of two distinct lines of business; 2) it elects separate claims selection options within the same line of business or separate claims selection options per each line of business; 3) if there are any other differences within the same line of business or among multiple lines of business with respect to information provided in Sections II, III, and IV of this attachment.

Section I. Trading Partner Information

Please check **only one (1)** line of business that you represent and complete an Attachment packet for that one selection. If you represent more than one line of business, you must complete a separate Attachment packet, which includes Section I through V, for each line of business. Please refer to the COBA Implementation User Guide for further guidance.¹

1. ____ The Trading Partner identified above is a **Medigap Insurer** that offers one or more Medigap policies, also known as a Medicare supplemental policy, as defined in Section 1882(g)(1) of Title XVIII of the Social Security Act. A Medicare supplemental insurance policy is sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage and is a group or individual policy that is advertised, marketed, or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical, or surgical expenses of persons eligible for Medicare. Except in Massachusetts, Minnesota, and Wisconsin, there are 12 standard plans labeled Plan A through L. Medigap policies may only supplement the Original Medicare Plan.

2. ____ The Trading Partner identified above meets the following definition of a **Supplemental Insurer**. Provides the following: A policy affording coverage to Medicare beneficiaries that does not meet the above definition of a Medigap policy; includes a policy or plan of one or more employers or labor organization for retired employees; includes an individual consumer supplemental product.

3. ____ The Trading Partner administers or pays health care benefits for **TRICARE (also known as TRICARE for Life)**.

4. ____ The Trading Partner identified above is a **State Medicaid Agency, or fiscal agent of same**, responsible for administration of Title XIX of the Social Security Act.

5. ____ **Other** – Not otherwise described, e.g., Federal Employee Health Benefit Plan, in selections 1 through 4 above.

¹ The COBA Implementation User Guide is located at www.cms.hhs.gov/medicare/cob/coba/coba.asp.

Section II. COBA Service Information

Note: Please allow fifteen (15) calendar days for changes to COBA Service Information to be processed by the CMS Contractor.

A. TRADING PARTNER CONTACT INFORMATION

1. Administrative Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

2. Technical Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

3. Invoice Submission and Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

B. **CMS CONTRACTOR'S CONTACT INFORMATION**

Name: Sherri McQueen

Company/Organization: Medicare Coordination of Benefits Contractor

Address: 25 Broadway, 12th Floor

City/State/Zip: New York, NY 10004

Telephone Number: (646) 458-6740

Fax Number: (646) 458-6761

E-Mail Address: cobva@ghimedicare.com

Section III. Data Transfer Information

_____ Check here if you will provide Eligibility Files to the CMS Contractor. Otherwise, skip "A" of this section and continue with "B" of this Section.

A. Eligibility File

Part 1. COBA Eligibility Record – Medicare Parts A and B Claims Crossover

1. Format: Refer to the COBA Implementation User Guide for Eligibility file specifications and layout.
2. Frequency of Eligibility File:
☐ Monthly
☐ Bi-Weekly
☐ Weekly (Offered only if Updates is checked below)
3. Eligibility File Type:
☐ Updates (Adds, Changes, Deletes)
☐ Full File Replacement

NOTES:

- a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.
 - b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission.
4. Media Type:

Please indicate below the media type that will be used for Eligibility File transfers.

Please check one:

- ☐ Electronic Transmission (Please refer to the COBA Implementation User Guide for transmission information and worksheet)
- ☐ Cartridge ☐ 3480 ☐ 3490
- ☐ Reel ☐ 1600 BPI ☐ 6250 BPI
- ☐ Other, please specify: _____
(Note: Subject to approval by the CMS Contractor.)

For **tape transfer**, please forward Eligibility Files to the address below:

Name: Medicare Coordination of Benefits Contractor

Company/Organization: COBA EDI Department

Address: 25 Broadway, 12th Floor

City/State/Zip: New York, NY 10004

Part 2. Drug Eligibility Record – Prescription Drug Coverage

Submission of this record is necessary for CMS and the trading partner to meet the coordination of benefits requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Please check the option(s) that apply:

☐ Trading Partner does not offer prescription drug coverage.

☐ Trading Partner does offer prescription drug coverage.

☐ Trading Partner does offer prescription drug coverage but that benefit is administered by a separate entity.

(Please identify the separate entity here and list this entity in Section V of this Attachment.)

☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through the alternative Voluntary Data Sharing Agreement process no later than January 1, 2006

☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through this Coordination of Benefits Agreement no later than January 1, 2006

☐ Trading Partner is undecided on submission method at this time. Trading Partner will notify of submission method (Voluntary Data Sharing Agreement or Coordination of Benefits Agreement) within 60 days of signing this agreement by submitting a revised Attachment.

1. Format: Refer to the COBA Implementation User Guide for Eligibility file specifications and layout.

2. Frequency of Eligibility File:

☐ Monthly

☐ Bi-Weekly

☐ Weekly (Offered only if Updates is checked below)

3. Eligibility File Type:
- ☐ Updates (Adds, Changes, Deletes)
 - ☐ Full File Replacement

NOTES:

- a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.
- b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission.

4. Media Type:

Please indicate below the media type that will be used for Eligibility File transfers.

Please check one:

- ☐ Electronic Transmission (Please refer to the COBA Implementation User Guide for transmission information and worksheet)
- ☐ Cartridge ☐ 3480 ☐ 3490
- ☐ Reel ☐ 1600 BPI ☐ 6250 BPI
- ☐ Other, please specify: _____
(Note: Subject to approval by the CMS Contractor.)

For **tape transfer**, please forward Eligibility Files to the address below:

Name: Medicare Coordination of Benefits Contractor

Company/Organization: COBA EDI Department

Address: 25 Broadway, 12th Floor

City/State/Zip: New York, NY 10004

B. COBA Claims File

Note: You will receive electronic Claims Files from the CMS Contractor in the following specified formats, unless otherwise indicated in Section III.B.5.

1. Format: The claim formats currently supported under this Agreement include:
- ANSI 837 Version 4010A1 (Institutional)*
 - ANSI 837 Version 4010A1 (Professional)*
 - NCPDP Version 5.1 Batch Standard 1.1 (unless excluded in Section IV of this Attachment)*

NOTE: Please refer to the COBA Implementation User Guide for updated Claims File specifications and layout.

2. Outbound Claims File Receiver Qualifier and Identification:
For receipt of the ANSI X12N 837 COB Version 4010A1 Institutional and Professional Claim, the Trading Partner prefers the following designations for the ISA 07 and ISA 08 fields:

_____ ISA-07 (Receiver Qualifier—2 bytes. Note: “ZZ” will be used in the majority of cases.)

_____ ISA-08 (Receiver ID—15 bytes)

For receipt of the NCPDP Version 5.1 Batch Standard 1.1 Claim, the Trading Partner prefers the following designation:

_____ Receiver ID—24 bytes

Note: Trading partners must provide the Receiver Qualifier and Interchange Receiver ID to be used when files are transmitted to them by the CMS Contractor. However, if claims for multiple trading partners are to be combined in a single file to one entity, then one Receiver Qualifier and Interchange Receiver ID must be used for the entire file; e.g., when multiple trading partners use the same clearing house to receive claims and the clearing house elects to receive one combined file from the CMS Contractor rather than receiving separate claim files for each trading partner.

3. Frequency of Claims File:

☐ Daily
☐ Weekly _____ specify day.
☐ Bi-Weekly _____ specify day.
☐ Monthly _____ specify date.

4. Media Type:

Please indicate below the media type that will be used for Claim File transfers.

Please check one:

- ☐ Electronic Transmission (Please refer to the COBA Implementation User Guide for transmission information and worksheet)
☐ Cartridge ☐ 3480 ☐ 3490
☐ Reel ☐ 1600 BPI ☐ 6250 BPI
☐ Hardcopy (Only available for claim based Medigap)

5. For **hardcopy Notice of Medigap Claim Transfer (NOMCI)**, please forward to the address below:

Name: _____

Company/Organization: _____

Address1: _____

Address2: _____

City/State/Zip: _____

6. Print Trading Partner's Name on the Medicare Summary Notice (MSN)

____ Yes ____ No

Section IV. Claims Selection Options

A. Fiscal Intermediary/Regional Home Health Intermediary (RHHI) Types of Bills (TOBs)

1. ____ Check here if you would like to **receive all types of bills**. (Will include all Fiscal Intermediary, Specialty Fiscal Intermediary, and Fiscal Intermediary/RHHI TOBs as listed below)

2. ____ Check here if you **do not** wish to receive any types of bills. (Will exclude receipt of all Fiscal Intermediary, Specialty Fiscal Intermediary, and Fiscal Intermediary/RHHI TOBs as listed below)

3. Otherwise, place a mark next to those types of bills you wish to **exclude**. The selection criteria are based on the first two digits of the type of bill. (Will receive those TOBs with no mark.)

Fiscal Intermediary TOBs:

Institutional	TOB	Description
____PART A	11	Hospital: Inpatient Part A
____PART A	12	Hospital: Inpatient Part B
____PART A	13	Hospital: Outpatient
____PART A	14	Hospital: Other Part B (Non-patient)
____PART A	18	Hospital: Swing Bed
____PART A	21	Skilled Nursing Facility: Inpatient Part A
____PART A	22	Skilled Nursing Facility: Inpatient Part B
____PART A	23	Skilled Nursing Facility: Outpatient
____PART A	71	Clinic: Rural Health
____PART A	72	Clinic: Freestanding Dialysis
____PART A	74	Clinic: Outpatient Rehabilitation Facility
____PART A	75	Clinic: Comprehensive Outpatient Rehabilitation Facility (CORF)
____PART A	76	Clinic: Comprehensive Mental Health Clinic
____PART A	83	Special Facility: Ambulatory Surgical Center

___PART A	85	Primary Care Hospital
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Specialty Fiscal Intermediary TOBs:

Institutional	TOB	Description
___PART A	24	Skilled Nursing Facility: Other Part B (Non-patient)
___PART A	28	Skilled Nursing Facility: Swing Bed
___PART A	41	Christian Science/Religious Non-Medical Services (Hospital)
___FQHC	73	Clinic: Federally Qualified Health Center
___PART A	79	Clinic: Other

Fiscal Intermediary/RHHI TOBs:

Institutional	TOB	Description
___RHHI	32	Home Health: Part B Trust Fund
___RHHI	33	Home Health: Part A Trust Fund
___RHHI	34	Home Health: Outpatient
___RHHI	81	Special Facility: Hospice Non-Hospital
___RHHI	82	Special Facility: Hospice Hospital

B. Fiscal Intermediary/RHHI Claims (Institutional) by Provider/State

1. _____ Check here if you wish to receive all Fiscal Intermediary/RHHI claims for all providers and all states. (Will receive all institutional claims)

2. Otherwise, indicate below if claims selection is to be done by provider identification number or by provider state. Please select one:

- ☐ Provider Identification Number or
☐ Provider State

3. Please indicate, below, whether the list of provider identification numbers or provider states in Item 4 is to be included or excluded. Please select one.

- ☐ **Included or**
☐ **Excluded**

4. List provider identification numbers **or** provider states to be included or excluded as indicated above.

C. Carrier Claims (Professional) by Provider State

1. _____ Check here if you wish to **receive claims for all** provider states. (Will receive all professional claims)

2. Otherwise indicate, below, whether the list of states in Item 3 is to be included or excluded. Please select one.

- ☐ **Included or**
☐ **Excluded**

3. List all provider states to be included or excluded as indicated above. Use the alpha state code "RR" to designate Part B Railroad Retirement Board Claims.

D. Durable Medical Equipment Regional Carrier (DMERC) Claims (Professional/NCPDP) by Region

1. _____ Check here if you would like to receive all DMERC claims. (Will receive all claims processed by DMERCs in all regions)

2. Otherwise, place a mark next to the specific region (s) you wish to **exclude**.

_____Region A: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

_____Region B: Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, Virginia, Washington, DC, West Virginia, and Wisconsin.

_____Region C: Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, and Virgin Islands.

_____Region D: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, North Mariana, Oregon, South Dakota, Utah, Washington, and Wyoming.

In addition to Section IV.A, B, C and D, complete Section IV.E below to complete claim selection options.

E. Common Claim Types (Institutional/Professional/NCPDP)

1. _____ Check here if you would like to receive all claim types listed below.

2. Otherwise, place a mark next to the claim types you wish to **exclude**.

NOTE: Claim Type 1. (Non-Assigned) is available only in association with Professional and NCPDP claims and does **not** apply to claims transmitted to State Medicaid Agencies or their qualified fiscal agents, since such claims must be “assigned.” Claim Type 9. (Claims if other insurance exists for beneficiary) is only available to State Medicaid Agencies or their qualified fiscal agents.

Claim Type	Exclude
1. Non-Assigned. See note above.	
2. Original Medicare claims paid at 100%.	
3. Original Medicare claims paid at greater than 100% of submitted charges.	
4. 100% denied claims, with no additional beneficiary liability.	
5. 100% denied claims, with additional beneficiary liability.	
6. Adjustment claims, monetary.	
7. Adjustment claims, non-monetary/statistical.	
8. Medicare Secondary Payer (MSP) claims.	
9. Claims if other insurance exists for beneficiary. See note	

above.	
10. National Council for Prescription Drug Programs (NCPDP) claims.	

Section V. Trading Partner Contractor Disclosure

The Trading Partner is responsible for ensuring that its contractor and any business associates of that contractor abide by all terms and conditions of this COB Agreement, including data release and privacy provisions. The Trading Partner must identify on this attachment all entities with whom it contracts to send or receive protected health information/individually identifiable health information on its behalf in association with this Agreement. For purposes of this Agreement, Trading Partner Contractor is defined in Article I.G. Examples of media that are used to convey protected health information/individually identifiable health information include Eligibility Files and COB Claim Files.

Please provide written notice to the CMS Contractor contact identified in, Section II.B of the Attachment within five (5) business days of any change to this attachment.

Name of Trading Partner Contractor(s):
